

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-975)

SERIAL NO.

10/552137

FILING DATE

06 MAR 2000

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		/		/		/
12		/		/		/
13		/		/		/
14		/		/		/
15		/		/		/
16		/		/		/
17		/		/		/
18		/		/		/
19		/		/		/
20		/		/		/
21		/		/		/
22		/		/		/
23		/		/		/
24		/		/		/
25		/		/		/
26	/			/		/
27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31	/			/		/
32		/		/		/
33		/		/		/
34		/		/		/
35		/		/		/
36	/		/		/	
37	/		/		/	
38	/		/		/	
39	/		/		/	
40		/		/		/
41		/		/		/
42		/		/		/
43		/		/		/
44		/		/		/
45		/		/		/
46		/		/		/
47		/		/		/
48		/		/		/
49		/		/		/
50		/		/		/
TOTAL IND.	11	↓	4	↓	4	↓
TOTAL DEP.	52	←	12	←	12	←
TOTAL CLAIMS	63		16		16	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
57		/		/		/
58	/			/		/
59	/			/		/
60	/			/		/
61		/		/		/
62	/			/		/
63	/		/	/	/	/
64		/	/	/	/	/
65		/	/	/	/	/
66		/	/	/	/	/
67		/	/	/	/	/
68		/	/	/	/	/
69		/	/	/	/	/
70		/	/	/	/	/
71		/	/	/	/	/
72		/	/	/	/	/
73		/	/	/	/	/
74		/	/	/	/	/
75		/	/	/	/	/
76		/	/	/	/	/
77		/	/	/	/	/
78		/	/	/	/	/
79		/	/	/	/	/
80		/	/	/	/	/
81		/	/	/	/	/
82		/	/	/	/	/
83		/	/	/	/	/
84		/	/	/	/	/
85		/	/	/	/	/
86		/	/	/	/	/
87		/	/	/	/	/
88		/	/	/	/	/
89		/	/	/	/	/
90		/	/	/	/	/
91		/	/	/	/	/
92		/	/	/	/	/
93		/	/	/	/	/
94		/	/	/	/	/
95		/	/	/	/	/
96		/	/	/	/	/
97		/	/	/	/	/
98		/	/	/	/	/
99		/	/	/	/	/
100		/	/	/	/	/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						